# U.S. Department of Housing and Urban Development Office of Public and Indian Housing

Small PHA Plan Update
Annual Plan for Fiscal Year: 2001

NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES

HUD 50075 OMB Approval No: 2577-0226

Expires: 03/31/2002

## PHA Plan Agency Identification

PHA Name: CHAPMAN HOUSING AUTHORITY
PHA Number: KS147
PHA Fiscal Year Beginning: (mm/yyyy) 01/2001
PHA Plan Contact Information: Name: Lou Ann Karl, Exec. Director
Phone: (785) 922-6229 TDD: Email (if available): chaphous@oz-online.net
Public Access to Information Information regarding any activities outlined in this plan can be obtained by contacting: (selected all that apply)  X Main administrative office of the PHA  PHA development management offices
Display Locations For PHA Plans and Supporting Documents
The PHA Plans (including attachments) are available for public inspection at: (select all that apply)  X Main administrative office of the PHA  PHA development management offices  Main administrative office of the local, county or State government  Public library  PHA website  Other (list below)
PHA Plan Supporting Documents are available for inspection at: (select all that apply)  X Main business office of the PHA  PHA development management offices  Other (list below)
PHA Programs Administered:  Public Housing and Section 8 Section 8 Only X - Public Housing Only

Small PHA Plan Update

# Annual PHA Plan Fiscal Year 20 01

[24 CFR Part 903.7]

## i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

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Expires: 03/31/2002

### ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

At PHA option, provide a brief overview of the information in the Annual Plan

The Chapman Housing Authority continues to provide adequate housing for elderly, disabled and family units in the Chapman area. By receiving the 1999 CIAP Funds and the 2000 Capital Funds in the near future these funds have allowed and will allow for much needed improvements to be made. Chapman Housing Authority had not received any substantial competitive grant funding previously due to the fact of the previous director not applying for CIAP grants.

The 1999 Advisory Score was 92.7% and was reported in error in last year's plan as 87.1%. Chapman Housing received a letter from Donald J. LaVoy, Director of the Real Estate Assessment Center in June 2000 informing Chapman Housing of their high performer status.

Due to the population of Chapman (1300) and no anticipated growth for this area there is no demonstrated need for more affordable housing. However in an effort to assist a person with mobile disability the housing authority will refer such person(s) to the surrounding Housing Authorities to assist with locating housing to accommodate such disability.

## 1. Summary of Policy or Program Changes for the Upcoming Year

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

Accomplished improvements are discussed in Brief Statement of Progress located on page 16.

## 2. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A.X Yes No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

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C. X Yes No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.  C. Capital Fund Program Grant Submissions  (1) Capital Fund Program 5-Year Action Plan  The Capital Fund Program 5-Year Action Plan is provided as Attachment C.
(1) Capital Fund Program 5-Year Action Plan
(2) Capital Fund Program Annual Statement
The Capital Fund Program Annual Statement is provided as Attachment B.
3. Demolition and Disposition
24 CFR Part 903.7 9 (h)]
Applicability: Section 8 only PHAs are not required to complete this section.
Yes X No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to next component; if "yes", complete one activity description for each development.)
next component, if yes, complete one activity description for each development.)
2. Activity Description
Demolition/Disposition Activity Description
(Not including Activities Associated with HOPE VI or Conversion Activities)
a. Development name:
b. Development (project) number:
2. Activity type: Demolition
Disposition Disposition
B. Application status (select one)
Approved
Submitted, pending approval
Planned application
l. Date application approved, submitted, or planned for submission: (DD/MM/YY)
5. Number of units affected:

	1
6. Coverage of action (select one)	
Part of the development	
Total development	
7. Relocation resources (select all that apply)	
Section 8 for units	
Public housing for units	
Preference for admission to other public housing or section 8	
Other housing for units (describe below)	
8. Timeline for activity:	
a. Actual or projected start date of activity:	
b. Actual or projected start date of relocation activities:	
c. Projected end date of activity:	
4. Voucher Homeownership Program [24 CFR Part 903.7 9 (k)]	
A. Yes X No: Does the PHA plan to administer a Section 8 Homeownership program program program program and the U.S.H.A. of 1937, as implemented by 24 CFR part 982? (If component; if "yes", describe each program using the table below (copy questions for each program identified.)	"No", skip to next
B. Capacity of the PHA to Administer a Section 8 Homeownership Program  The PHA has demonstrated its capacity to administer the program by (select all that apply):  Establishing a minimum homeowner downpayment requirement of at least 3 percent a least 1 percent of the downpayment comes from the family's resources  Requiring that financing for purchase of a home under its section 8 homeownership wi or guaranteed by the state or Federal government; comply with secondary mortgage requirements; or comply with generally accepted private sector underwriting standard Demonstrating that it has or will acquire other relevant experience (list PHA experience) organization to be involved and its experience, below):	ll be provided, insured market underwriting
<b>5. Safety and Crime Prevention: PHDEP Plan</b> [24 CFR Part 903.7 (m)] Exemptions Section 8 Only PHAs may skip to the next component PHAs eligible for PHDEP funds must provise specified requirements prior to receipt of PHDEP funds.	ide a PHDEP Plan meeting
A. Yes X No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by	this PHA Plan?
B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcome	ing year? \$
Cmall DIJA Dlan Undata Daga 4	
Small DLIA Dlan Undata Daca 4	

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C. Yes X	No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question to next component.
D. Yes	No: The PHDEP Plan is attached at Attachment
6. Other Ir [24 CFR Part 903.	
A. Resident A	Advisory Board (RAB) Recommendations and PHA Response
1. Yes X	No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the co	omments are Attached at Attachment (File name)
3. In what mar	nner did the PHA address those comments? (select all that apply)  The PHA changed portions of the PHA Plan in response to comments  A list of these changes is included  Yes No: below or  Yes No: at the end of the RAB Comments in Attachment
	Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the at the end of the RAB Comments in Attachment
	Other: (list below)
	of Consistency with the Consolidated Plan  ple Consolidated Plan, make the following statement (copy questions as many times as necessary).
	d Plan jurisdiction: KANSAS CONSOLIDATED PLAN
2. The PHA ha	as taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the (select all that apply)
X	The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.

	□ X □	The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.  The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan. Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)  Other: (list below)
3.	-	nests for support from the Consolidated Plan Agency o: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:
4. 7		lidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: ibe below) <b>very little or no growth in the PHA jurisdiction</b>
C. (	C <b>riteria f</b> o	or Substantial Deviation and Significant Amendments

#### 1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

#### A. Substantial Deviation from the 5-year Plan:

Incorporate roof repair for both property locations, elevator repair and corrective procedures to the first floor sewer problems into five year plan to better assist the Chapman Housing Board and Executive Director to make adequate upgrades to the properties located at 829 Sheeran and on Cedar Drive in Chapman, Kansas.

B. Significant Amendment or Modification to the Annual Plan:

Ways of correcting the first floor sewer problems are being researched and improvements will probably occur in early 2001. Upon this repair carpeting our first floor hallway will be necessary and funds will be expended earlier than stated in five year plan. Notification from our elevator service company that our elevator is being tested and checked monthly for problems due to lack of oil.

## <u>Attachment\_A\_</u> Supporting Documents Available for Review

PHAs are to indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review				
Applicable & On Display	Supporting Document	Related Plan Component		
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans		
	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans		
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans		
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs		
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources		
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies		
Х	Any policy governing occupancy of Police Officers in Public Housing  X check here if included in the public housing  A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies		
	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies		
X	Public housing rent determination policies, including the method for setting public housing flat rents  check here if included in the public housing A & O Policy	Annual Plan: Rent Determination		

List of Supporting Documents Available for Review				
Applicable & On Display	Supporting Document	Related Plan Component		
X	Schedule of flat rents offered at each public housing development  check here if included in the public housing  A & O Policy	Annual Plan: Rent Determination		
	Section 8 rent determination (payment standard) policies  check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination		
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance		
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations		
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency		
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations		
	Any required policies governing any Section 8 special housing types  check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance		
X	Public housing grievance procedures  X check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures		
	Section 8 informal review and hearing procedures  check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures		
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs		
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants  Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs Annual Plan: Capital Needs		
	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs		
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition		
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing		

List of Supporting Documents Available for Review				
Applicable & On Display	Supporting Document	Related Plan Component		
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing		
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership		
	Policies governing any Section 8 Homeownership program (sectionof the Section 8 Administrative Plan)	Annual Plan: Homeownership		
	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency		
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency		
	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency		
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency		
	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention		
	PHDEP-related documentation:  Baseline law enforcement services for public housing developments assisted under the PHDEP plan;  Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15);  Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;  Coordination with other law enforcement efforts;  Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and  All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan.	Annual Plan: Safety and Crime Prevention		
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G)  check here if included in the public housing A & O Policy	Pet Policy		

List of Supporting Documents Available for Review				
Applicable & On Display	Supporting Document	Related Plan Component		
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit		
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs		
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)		

Annual Statement/Performance and Evaluation Report – ATTACHMENT B								
Cap	Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary							
PHA N	ame: CHAPMAN HOUSING AUTHORITY		Federal FY of Grant:					
	CHAPMAN, KANSAS	Capital Fund Program: <b>F</b> l	FY 2000		2000			
		Capital Fund Program						
		Replacement Housing	g Factor Grant No:					
X Ori	ginal Annual Statement	Reserve for Disaste	rs/ Emergencies Revised A	nnual Statement (revision n	o: )			
Per	formance and Evaluation Report for Period Ending:	Final Performance and Ev	aluation Report					
Line	Summary by Development Account	Total Esti	mated Cost	Total Ac	etual Cost			
No.								
		Original	Revised	Obligated	Expended			
1	Total non-CFP Funds							
2	1406 Operations	5,000						
3	1408 Management Improvements	3,000						
4	1410 Administration							
5	1411 Audit							
6	1415 liquidated Damages							
7	1430 Fees and Costs							
8	1440 Site Acquisition							
9	1450 Site Improvement							
10	1460 Dwelling Structures	38,513						
11	1465.1 Dwelling Equipment—Nonexpendable							
12	1470 Nondwelling Structures							
13	1475 Nondwelling Equipment							
14	1485 Demolition							
15	1490 Replacement Reserve							
16	1492 Moving to Work Demonstration							
17	1495.1 Relocation Costs							
18	1498 Mod Used for Development							
19	1502 Contingency							
20	Amount of Annual Grant: (sum of lines 2-19)	46,513						
21	Amount of line 20 Related to LBP Activities							
22	Amount of line 20 Related to Section 504 Compliance							

Annual Statement/Performance and Evaluation Report – ATTACHMENT B								
Capi	Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary							
PHA N	ame: CHAPMAN HOUSING AUTHORITY	Grant Type and Number			Federal FY of Grant:			
	CHAPMAN, KANSAS	Capital Fund Program: <b>FF</b>	Y 2000		2000			
Capital Fund Program								
		Replacement Housing						
X Ori	ginal Annual Statement	Reserve for Disaster	rs/ Emergencies 🗌 Revised A	Annual Statement (revision no	<b>)</b> : )			
Per	formance and Evaluation Report for Period Ending:	Final Performance and Eva	aluation Report					
Line	Summary by Development Account	Total Estin	nated Cost	Total Ac	tual Cost			
No.								
23	Amount of line 20 Related to Security							
24	Amount of line 20 Related to Energy Conservation							
	Measures							

## Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

**Part II: Supporting Pages** 

PHA Name: CHAPMAN HOUSING AUTHORITY		Grant Type and No Capital Fund Prog Capital Fund Prog Replacement	gram #: FFY 2000	Federal FY of Grant: 2000				
Development Number	General Description of Major Work Categories	Dev. Acct No.			nated Cost	Total Actual Cost		Status of Proposed
Name/HA-Wide Activities					Original	Revised	Funds Obligated	Funds Expended
KS-147	Replacement of stoves and refrigerators, hot water heaters and softeners in family units and other small projects for upkeep of facilities and grounds	1406	Not Known	5,000				Pending
KS-147	Training and travel expense for housing staff both administration and maintenance	1408	Not Known	3,000				Pending
KS-147	Replacement of windows and floor coverings for apartments at 829 Sheeran and Cedar Drive apartments First floor sewer repair and/or improvements to eliminate sewer back-up at 829 Sheeran and upon completion of work installation of hallway carpet will be necessary	1460	Not Know	38,513				Pending

Annual Statement/Performance and Evaluation Report								
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)								
Part II: Supp	porting Pages							
PHA Name: CHAPMAN HOUSING AUTHORITY		Grant Type and Number Capital Fund Program #: FFY 2000 Capital Fund Program				Federal FY of Grant: 2000		
		1	Housing Factor		1.0			
Development Number	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Esti	mated Cost			Status of Proposed
Name/HA-Wide Activities				Original	Revised	Funds Obligated	Funds Expended	Work

Annual Statement/Performance and Evaluation Report									
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)									
Part III: Implem	entation S	chedule		_					
PHA Name: CHAPMAN I	HOUSING		t Type and Nu				Federal FY of Grant: 2000		
AUTHORITY		_	_	ram #: FFY 2000					
		Cap	ital Fund Prog	ram Replacement I	Housing Factor #				
Development Number	All	l Fund Obliga	ted		ll Funds Expended		Reasons for Revised Target Dates		
Name/HA-Wide	(Qı	art Ending D	ate)	(Q	uarter Ending Date	e)			
Activities									
	Original	Revised	Actual	Original	Revised	Actual			
KS-147	12-31-2001			12-31-2002					

## **Capital Fund Program 5-Year Action Plan – ATTACHMENT C**

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

	CFP 5-Year Action Plan							
X Original stateme	X Original statement   Revised statement							
Development								
Number	(or indicate PHA wide)							
KS-147								
Description of Needo	ed Physical Improvements or Management Improvements	<b>Estimated Cost</b>	Planned Start Date					
			(HA Fiscal Year)					
_	ix family apartments as they come available	1,500 each year	2001, 2002, 2003 & 2004					
Window replaceme	nt in elderly/disabled building	90,000	2002, 2003 & 2004					
Window replacement	nt at Cedar Drive apts	30,000	2003 & 2004					
Replace Heating and	d A/C units as needed	75,000	2001,2002,2003 & 2004					
Install security door	entry system in elderly/disabled building	5,000	2004					
Window Coverings		7,000	as needed or 2004					
	way carpeting – 829 Sheeran	15,000	2002, 2003 & 2004					
Replacement of wat	er heater in elderly/disabled building	4,000	2003					
Roof replacement a	t Cedar Drive and 829 Sheeran facilities	40,000	2004-2005					
Add parking spaces	to north side of building	12,000	2004-2005					
Transfer to operating	ng for replacement of apartment stoves and refrigerators,	5,000 each year	2001, 2002, 2003 & 2004					
household size wate	r heaters and softeners							
Lawn Equipment		5,000	2002					
Maintenance Shed		2,500	2004-2005					
Copier for office		4,000	2003-2004					
Install up-to-date fir	e alarm equipment	8,000	2002-2003					
Landscaping at both	a sites	5,000	2001,2002, 2003 & 2004					
Total estimated cost	over next 5 years	325,500						

#### REQUIRED ATTACHMENT G – BRIEF STATEMENT OF PROGRESS IN MEETING THE 5-YEAR PLAN MISSION AND GOALS

Upon completing the first year of receiving CIAP funds and having the Capital Funds FFY 2000 dollars allotted to Chapman Housing the Commissioners and Executive Director have completed and/or nearing completion of the proposed items of improvements for the buildings and operation of Chapman Housing Authority. Chapman Housing consist of 23 elderly/disabled apartments and 6 family apartments.

After revamping the airflow of our hallway unit in our elderly high-rise nearly ten months ago we have experienced less service calls on the unit, more even air temps throughout the three floors during all the seasons and a quieter unit. The exterior painting of both buildings have been and are nearing completion and they were in need of this and are documented in our last several inspections. By acquiring these funds we were able to accomplish necessary repair work at the same time of painting.

New smoke detectors have been installed throughout the buildings and apartments with some of the old ones being the original ones installed when the building was constructed in 1983-84. Additional grab bars have been installed in all elderly/disabled bathrooms along with a Microlight Door Protection System installed in our elevator. Interior doors are in the process of being ordered and peepholes will be installed in all doors at factory. Chapman Housing has allotted a small amount of the CIAP funds for management improvement.

The Board and Executive Director organized the projected improvements over the next few years and we hope to accomplish them. While we realize that the projected improvements surpass the amount of anticipated funds which will probably be received, we plan to do our best in prioritizing the work to be accomplished. We have recently been cautioned about our elevator and the serviceman is monitoring it.

If additional information is needed, please do not hesitate to contact Chapman Housing Authority at (785) 922-6229 or by e-mail at chaphous@oz-online.net.

## **PHA Public Housing Drug Elimination Program Plan**

Note: THIS PHDEP Plan template (HUD 50075-PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH
Notices.
Section 1: General Information/History
A. Amount of PHDEP Grant \$N/A
B. Eligibility type (Indicate with an "x") N1 N2 R
C. FFY in which funding is requested
D. Executive Summary of Annual PHDEP Plan
In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected
outcomes. The summary must not be more than five (5) sentences long

### E. Target Areas

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area. Unit count information should be consistent with that available in PIC.

PHDEP Target Areas (Name of development(s) or site)	Total # of Units within the PHDEP Target Area(s)	Total Population to be Served within the PHDEP Target Area(s)

### F. Duration of Program

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an "x" to indicate the length of program by # of months. For "Other", identify the # of months).

<b>12 Months</b>	18 Months	<b>24 Months</b>
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#### **G. PHDEP Program History**

Indicate each FY that funding has been received under the PHDEP Program (place an "x" by each applicable Year) and provide amount of funding received. If previously funded programs <u>have not</u> been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balances should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Date should include any HUD-approved extensions or waivers. For grant extensions received, place "GE" in column or "W" for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant #	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Grant Start Date	Grant Term End Date
FY 1995						
FY 1996						
FY 1997						
FY1998						
FY 1999						

### Section 2: PHDEP Plan Goals and Budget

### A. PHDEP Plan Summary

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP-funded activities. This summary should not exceed 5-10 sentences.

### **B.** PHDEP Budget Summary

Enter the total amount of PHDEP funding allocated to each line item.

FFY PHDEP Budget Summary				
Original statement				
Revised statement dated:				
Budget Line Item	Total Funding			
9110 – Reimbursement of Law Enforcement				
9115 - Special Initiative				
9116 - Gun Buyback TA Match				
9120 - Security Personnel				
9130 - Employment of Investigators				
9140 - Voluntary Tenant Patrol				
9150 - Physical Improvements				
9160 - Drug Prevention				
9170 - Drug Intervention				
9180 - Drug Treatment				
9190 - Other Program Costs				
TOTAL PHDEP FUNDING				

#### C. PHDEP Plan Goals and Activities

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise—not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

9110 – Reimbursement of Law Enforcement					Total PHDEP Funding: \$			
Goal(s)								
Objectives								
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complet e Date	PHEDE P Fundin g	Other Funding (Amount/ Source)	Performance Indicators	
1.								
3.								

9115 - Special Initiative						Total PHDEP Funding: \$			
Goal(s)					•				
Objectives									
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complet e Date	PHEDEP Funding	Other Funding (Amount/ Source)	Performance Indicators		
1.									
2.									
3.									

9116 - Gun Buyback	TA Match	Total PHDEP Funding: \$	
Goal(s)			
Objectives			

Proposed Activities	# of Person	Target Population	Start Date	Expected Complete	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
	S	ropulation	Date	Date	Tunumg	(Amount/Source)	
	Served						
1.							
2.							
3.							

9120 - Security Personnel					Total PHDEP Funding: \$			
Goal(s)								
Objectives								
Proposed Activities	# of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators	
1.								
2.								
3.								

9130 – Employment of In	vestigators	Total PHDEP Funding: \$
Goal(s)		
Objectives		

Proposed Activities	# of Person s	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.	Served						
2.							
3.							

9140 - Voluntary Tenant Patrol				Total PHDEP Funding: \$			
Goal(s)					1		
Objectives							
Proposed Activities	# of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9150 - Physical Improvements					Total PHDEP Funding: \$			
Goal(s)								
Objectives								
Proposed Activities	# of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators	
1.								
2.								
3.								

9160 - Drug Prevention					Total PHDEP Funding: \$			
Goal(s) Objectives								
Proposed Activities	# of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators	
1.								
2. 3.								

9170 - Drug Intervention	Total PHDEP Funding: \$
Goal(s)	
Objectives	

Proposed Activities	# of Person s	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
	Served						
1.							
2.							
3.							

9180 - Drug Treatment				Total PHDEP Funding: \$			
Goal(s)							
Objectives							
Proposed Activities	# of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2. 3.							

9190 - Other Program Costs				Total PHDEP Funds: \$			
Goal(s)							
Objectives							
Proposed Activities	# of Person s	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.	Served						

2.				
3.				

## **Required Attachment D: Resident Member on the PHA Governing Board**

1.	Yes X No:	Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)
A.	Name of resident i	member(s) on the governing board:
В.	Ele	lent board member selected: (select one)? cted pointed
C.	The term of appoin	ntment is (include the date term expires):
2.	A. If the PHA go by the PHA, w	verning board does not have at least one member who is directly assisted why not?  the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis
	X	the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.  Other (explain):
D	Data of next town	evaluation of a governing heard members SEDTEMPED 2001

- B. Date of next term expiration of a governing board member: SEPTEMBER 2001
- C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position): MICHAEL WEDERSKI, MAYOR OF THE CITY COUNCIL OF THE CHAPMAN, KANSAS

## Required Attachment E: Membership of the Resident Advisory Board or Boards

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

JEAN ZUMBRUNN, RACHEL CHAMBERLIN, MM SLOCUM, DONNA BOWLING AND GEORGE SHERRADEN

## ATTACHMENT F: COMMENTS OF RESIDENT ADVISORY BOARD

Chapman Housing consist of 23 elderly/disabled and six family apartments located in a small town east of Abilene, Kansas. The residents enjoy being a part of the Advisory Board knowing that they can make suggestions and have input on improvements for their buildings. As of date we have not had any response or interest from our six family units in this regard.

We plan to continue informing the residents of the requirement of a Resident Member on the Board on a regular basis.

# <u>Attachment\_A\_</u> Supporting Documents Available for Review

PHAs are to indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

Applicable	List of Supporting Documents Available for Revision Supporting Document	Related Plan
&	0	Component
On Display		
X	PHA Plan Certifications of Compliance with the PHA Plans and	5 Year and Annual
	Related Regulations	Plans
	State/Local Government Certification of Consistency with the	5 Year and Annual
	Consolidated Plan (not required for this update)	Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair	5 Year and Annual Plans
	housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Any policy governing occupancy of Police Officers in Public Housing  X check here if included in the public housing  A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents  check here if included in the public housing  A & O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development  check here if included in the public housing  A & O Policy	Annual Plan: Rent Determination
	Section 8 rent determination (payment standard) policies  check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination

Applicable &	List of Supporting Documents Available for Revi Supporting Document	Related Plan Component
On Display	Dir. I	A 1 DI
X	Public housing management and maintenance policy documents,	Annual Plan:
	including policies for the prevention or eradication of pest	Operations and
37	infestation (including cockroach infestation)	Maintenance
X	Results of latest binding Public Housing Assessment System	Annual Plan:
	(PHAS) Assessment	Management and
v	E-11 D1 t- Dtf-th- DHAC Di-dt	Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction	Annual Plan:
	Survey (if necessary)	Operations and
		Maintenance and
		Community Service &
	D 1, C1, , C , OM , A , C ,	Self-Sufficiency
	Results of latest Section 8 Management Assessment System	Annual Plan:
	(SEMAP)	Management and
	A	Operations
	Any required policies governing any Section 8 special housing	Annual Plan:
	types	Operations and
	check here if included in Section 8 Administrative	Maintenance
	Plan	
X	Public housing grievance procedures	Annual Plan: Grievance
	X check here if included in the public housing	Procedures
	A & O Policy	
	Section 8 informal review and hearing procedures	Annual Plan: Grievance
	check here if included in Section 8 Administrative	Procedures
	Plan	
X	The HUD-approved Capital Fund/Comprehensive Grant Program	Annual Plan: Capital
	Annual Statement (HUD 52837) for any active grant year	Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any	Annual Plan: Capital
	active CIAP grants	Needs
	Approved HOPE VI applications or, if more recent, approved or	Annual Plan: Capital
	submitted HOPE VI Revitalization Plans, or any other approved	Needs
	proposal for development of public housing	
	Self-evaluation, Needs Assessment and Transition Plan required	Annual Plan: Capital
	by regulations implementing §504 of the Rehabilitation Act and the	Needs
	Americans with Disabilities Act. See, PIH 99-52 (HA).	
	Approved or submitted applications for demolition and/or	Annual Plan:
	disposition of public housing	Demolition and
		Disposition
	Approved or submitted applications for designation of public	Annual Plan:
	housing (Designated Housing Plans)	Designation of Public
		Housing
	Approved or submitted assessments of reasonable revitalization of	Annual Plan:
	public housing and approved or submitted conversion plans	Conversion of Public
	prepared pursuant to section 202 of the 1996 HUD Appropriations	Housing
	Act, Section 22 of the US Housing Act of 1937, or Section 33 of the	
	US Housing Act of 1937	
	Approved or submitted public housing homeownership	Annual Plan:
	programs/plans	Homeownership

	List of Supporting Documents Available for Rev	iew
Applicable & On Display	Supporting Document	Related Plan Component
OH Zispinj	Policies governing any Section 8 Homeownership program (sectionof the Section 8 Administrative Plan)	Annual Plan: Homeownership
	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other	Annual Plan:
	resident services grant) grant program reports	Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
	PHDEP-related documentation:  Baseline law enforcement services for public housing developments assisted under the PHDEP plan;  Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15);  Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;  Coordination with other law enforcement efforts;  Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and  All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan.	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G)  check here if included in the public housing A & O Policy	Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)



Ann	Annual Statement/Performance and Evaluation Report – ATTACHMENT B						
Cap	Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary						
PHA N	Iame: CHAPMAN HOUSING AUTHORITY	Grant Type and Number			Federal FY of Grant:		
	CHAPMAN, KANSAS	Capital Fund Program: <b>FF</b>	TY 2000		2000		
		Capital Fund Program					
		Replacement Housing	Factor Grant No:				
X Ori	ginal Annual Statement		rs/ Emergencies Revised A	annual Statement (revision n	<b>o:</b> )		
	formance and Evaluation Report for Period Ending:	Final Performance and Eva		·	,		
Line	Summary by Development Account	Total Estir	nated Cost	Total Ac	tual Cost		
No.							
		Original	Revised	Obligated	Expended		
1	Total non-CFP Funds						
2	1406 Operations	5,000					
3	1408 Management Improvements	3,000					
4	1410 Administration						
5	1411 Audit						
6	1415 liquidated Damages						
7	1430 Fees and Costs						
8	1440 Site Acquisition						
9	1450 Site Improvement						
10	1460 Dwelling Structures	38,513					
11	1465.1 Dwelling Equipment—Nonexpendable						
12	1470 Nondwelling Structures						
13	1475 Nondwelling Equipment						
14	1485 Demolition						
15	1490 Replacement Reserve						
16	1492 Moving to Work Demonstration						
17	1495.1 Relocation Costs						
18	1498 Mod Used for Development						
19	1502 Contingency						
20	Amount of Annual Grant: (sum of lines 2-19)	46,513					
21	Amount of line 20 Related to LBP Activities						
22	Amount of line 20 Related to Section 504 Compliance						

Ann	Annual Statement/Performance and Evaluation Report – ATTACHMENT B							
Cap	Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary							
PHA N	ame: CHAPMAN HOUSING AUTHORITY	Grant Type and Number			Federal FY of Grant:			
CHAPMAN, KANSAS		Capital Fund Program: <b>FI</b>	FY 2000		2000			
		Capital Fund Program						
		Replacement Housing Factor Grant No:						
X Ori	ginal Annual Statement	Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: )						
Per	formance and Evaluation Report for Period Ending:	Final Performance and Evaluation Report						
Line Summary by Development Account		Total Estimated Cost T		Total Ac	al Actual Cost			
No.								
23	Amount of line 20 Related to Security							
24	Amount of line 20 Related to Energy Conservation							
	Measures							

# Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages

PHA Name: CHAPMAN HOUSING AUTHORITY		Grant Type and Number Capital Fund Program #: FFY 2000 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 2000			
Development General Description of Major Work Number Categories		Dev. Acct No.	Dev. Acct No. Quantity	Total Estin	Total Estimated Cost		Total Actual Cost	
Name/HA-Wide Activities				Original	Revised	Funds Obligated	Funds Expended	Proposed Work
KS-147	Replacement of stoves and refrigerators, hot water heaters and softeners in family units and other small projects for upkeep of facilities and grounds	1406	Not Known	5,000				Pending
KS-147	Training and travel expense for housing staff both administration and maintenance	1408	Not Known	3,000				Pending
KS-147	Replacement of windows and floor coverings for apartments at 829 Sheeran and Cedar Drive apartments First floor sewer repair and/or improvements to eliminate sewer back-up at 829 Sheeran and upon completion of work installation of hallway carpet will be necessary	1460	Not Know	38,513				Pending

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
	IAN HOUSING AUTHORITY	Grant Type and Number Capital Fund Program #: FFY 2000 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 2000			
Development Number Name/HA-Wide	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Esti: Original	mated Cost  Revised	Total Actual Cost  Funds Funds		Status of Proposed Work
Activities				Original	Revised	Obligated	Expended	WOIK

## Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule

PHA Name: CHAPMAN HOUSING AUTHORITY			Type and Nur al Fund Progr	mber am #: FFY 2000			Federal FY of Grant: 2000
				am Replacement Housing Factor #:			
Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
KS-147	12-31-2001			12-31-2002			

Small PHA Plan Update Page 6 **Table Library** 

#### **Capital Fund Program 5-Year Action Plan – ATTACHMENT C**

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP 5-Year Action Plan		
X Original statement  Revised statement		
Development Name CHAPMAN HOUSING AUTHOR	RITY	
Number (or indicate PHA wide)		
KS-147		
Description of Needed Physical Improvements or Management Improvements	<b>Estimated Cost</b>	Planned Start Date (HA Fiscal Year)
Floor covering for six family apartments as they come available	1,500 each year	2001, 2002, 2003 & 2004
Window replacement in elderly/disabled building	90,000	2002, 2003 & 2004
Window replacement at Cedar Drive apts	30,000	2003 & 2004
Replace Heating and A/C units as needed	75,000	2001,2002,2003 & 2004
Install security door entry system in elderly/disabled building	5,000	2004
Window Coverings	7,000	as needed or 2004
Replacement of hallway carpeting – 829 Sheeran	15,000	2002, 2003 & 2004
Replacement of water heater in elderly/disabled building	4,000	2003
Roof replacement at Cedar Drive and 829 Sheeran facilities	40,000	2004-2005
Add parking spaces to north side of building	12,000	2004-2005
Transfer to operating for replacement of apartment stoves and refrigerators,	5,000 each year	2001, 2002, 2003 & 2004
household size water heaters and softeners	,	
Lawn Equipment	5,000	2002
Maintenance Shed	2,500	2004-2005
Copier for office	4,000	2003-2004
Install up-to-date fire alarm equipment	8,000	2002-2003
Landscaping at both sites	5,000	2001,2002, 2003 & 2004
Total estimated cost over next 5 years	325,500	

### Required Attachment D: Resident Member on the PHA Governing Board

1.	Yes X No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)
i.	Name of resident member(s) on the governing board:
ii.	How was the resident board member selected: (select one)?  Elected  Appointed
C.	The term of appointment is (include the date term expires):
2.	A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?  the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis  X the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.  Other (explain):
D	Data of payt term against on of a gayarning board member: SEDTEMBED 2001

- B. Date of next term expiration of a governing board member: SEPTEMBER 2001
- iii. Name and title of appointing official(s) for governing board (indicate appointing official for the next position): MICHAEL WEDERSKI, MAYOR OF THE CITY COUNCIL OF THE CHAPMAN, KANSAS

### Required Attachment E: Membership of the Resident Advisory Board or Boards

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

JEAN ZUMBRUNN, RACHEL CHAMBERLIN, MM SLOCUM, DONNA BOWLING AND GEORGE SHERRADEN

Chapman Housing consist of 23 elderly/disabled and six family apartments located in a small town east of Abilene, Kansas. The residents enjoy being a part of the Advisory Board knowing that they can make suggestions and have input on improvements for their buildings. As of date we have not had any response or interest from our six family units in this regard.

We plan to continue informing the residents of the requirement of a Resident Member on the Board on a regular basis.

#### REQUIRED ATTACHMENT G – BRIEF STATEMENT OF PROGRESS IN MEETING THE 5-YEAR PLAN MISSION AND GOALS

Upon completing the first year of receiving CIAP funds and having the Capital Funds FFY 2000 dollars allotted to Chapman Housing the Commissioners and Executive Director have completed and/or nearing completion of the proposed items of improvements for the buildings and operation of Chapman Housing Authority. Chapman Housing consist of 23 elderly/disabled apartments and 6 family apartments.

After revamping the airflow of our hallway unit in our elderly high-rise nearly ten months ago we have experienced less service calls on the unit, more even air temps throughout the three floors during all the seasons and a quieter unit. The exterior painting of both buildings have been and are nearing completion and they were in need of this and are documented in our last several inspections. By acquiring these funds we were able to accomplish necessary repair work at the same time of painting.

New smoke detectors have been installed throughout the buildings and apartments with some of the old ones being the original ones installed when the building was constructed in 1983-84. Additional grab bars have been installed in all elderly/disabled bathrooms along with a Microlight Door Protection System installed in our elevator. Interior doors are in the process of being ordered and peepholes will be installed in all doors at factory. Chapman Housing has allotted a small amount of the CIAP funds for management improvement.

The Board and Executive Director organized the projected improvements over the next few years and we hope to accomplish them. While we realize that the projected improvements surpass the amount of anticipated funds which will probably be received, we plan to do our best in prioritizing the work to be accomplished. We have recently been cautioned about our elevator and the serviceman is monitoring it.

If additional information is needed, please do not hesitate to contact Chapman Housing Authority at (785) 922-6229 or by e-mail at chaphous@oz-online.net.